REQUEST FOR CHANGE OF ADDRESS
IF THE ADDRESS APPEARING ON THE ATTACHED Parcel No.
TAX BILL OR LETTER IS NOT CORRECT, ENTER
THE CORRECT INFORMATION ON THIS CARD AND RETURN IT TO THE SAN
BERNARDINO COUNTY ASSESSOR. COMPLETE A SEPARATE CARD FOR EACH PARCEL. <b>DO NOT RETURN THIS CARD IF THE ADDRESS IS CORRECT.</b>
NEW MAILING ADDRESS
Mailing Address
City, State and Zip
Telephone Number ( )  Daytime Evening
TO AVOID A POSSIBLE DELAY IN Print Name (must be owner of record)
PROCESSING THIS REQUEST, MAKE CERTAIN <b>ALL</b> AREAS ARE
COMPLETED AND CARD IS SIGNED. Signature
AOS 058 Rev. (03-11)
Date
FIRST CLASS STAMP HERE
DENNIS DRAEGER, ASSESSOR-RECORDER-COUNTY CLERK COUNTY OF SAN BERNARDINO ASSESSOR'S OFFICE 172 WEST THIRD STREET SAN BERNARDINO, CA 92415-0310
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